

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE RETIREMENT HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN ROAD NEW ALBANY, IN47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/03/11</p> <p>Facility Number: 001144 Provider Number: 155668 AIM Number: 200256980</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Providence Retirement Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 158 and had a census of 116 at the time of this visit.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/07/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0144 SS=F	<p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 03/03/11 at 9:30 a.m., the Manufacture Specification Book was reviewed for the emergency generator set and stated the emergency generator had</p>			K0144	<p>This plan of correction constitutes Mercy Providence Retirement Home's credible allegation of compliance for all cited deficiencies. Nothing in this plan of correction should be construed as admission by the facility of any violations of state and federal statutes, regulations or standards of care. This plan of correction is to demonstrate compliance of the state and federal requirements cited during an annual life safety survey.</p> <p>1)What corrective action/s will be accomplished for those residents found to have been affected by the deficient practice? Cummins Generator will install a remote manual stop for the emergency generator.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action/s will be taken. Cummins Generator will install a remote manual stop for the emergency generator.</p> <p>3)What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Maintenance Staff will be in-serviced to test the automatic shut off for the generator on a monthly basis. Testing of the automatic shut off for the generator will be added to the monthly preventative maintenance duties.</p>		03/22/2011

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	one hundred sixty six horse power motor. Based on an interview with the maintenance supervisor on 03/03/11 at 10:00 a.m., there was no remote manual stop for the emergency generator in the facility. This was verified by the administrator at the 1:00 p.m. exit conference. 3-1.19(b)				4) How will the corrective action/s be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place? Maintenance Director/Designee will audit the automatic shut off for the generator monthly for three months and then quarterly for the remainder of the year and findings to be reported to the QA committee.		